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CERTIFICATE OF FAX TRANSMISSION

Transmission Date: **17 December 2007** Docket: **1009-346**Transmission #: **1** of Total Transmissions: **1**Pages in this Transmission: **19** of Total Pages Transmitted: **19**

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Petition for Revival of an Application for Patent Abandoned Unintentionally Under
37 CFR 1.137(b) (2 sheets)

Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet)

Preliminary Amendment (13 sheets)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number 10/659,202
Confirmation No.: 5586
Filing Date: 10 September 2003
Document Submission Date: 17 December 2007

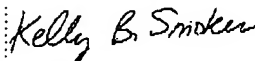
Art Unit: 2836
Examiner: Leja, Ronald W.
Inventor: Evans, Terry
Docket: 2003P08454US (1009-346)

17 Dec 2007

Date

Kelly B. Smoker

Name of Certifier



Signature of Certifier

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|--|---|--|
| Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known: Application Number: 10/659,202 Filing Date: 10 September 2003 First Named Inventor: Evans, Terry Examiner Name: Leja, Ronald W. Art Unit: 2838 Attorney Docket No.: 2003P08454US (1009-346) | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 2350.00 | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2088. | |
|--|--|

| FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
|---|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|------------------------------|
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | | 50 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims | | | | | | | Fee (\$) |
| - 20 or HP = 0 x 50 = 0 | | | | | | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | 0 |
| Indep. Claims | | | | | | | Fee (\$) |
| - 3 or HP = 0 x 210 = 0 | | | | | | | Fee Paid (\$) |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | 0 |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | | | | | | Fee (\$) |
| - 100 = 0 / 50 = 0 (round up to a whole number) x 260 = 0 | | | | | | | Fee Paid (\$) |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | 0 |
| Other: Petition to Revoke, Unintentional, Request for Continued Examination (RCE) | | | | | | | 2350 |

| | | | |
|-------------------------------------|--------------------------------------|-------------------------|------------------------|
| SUBMITTED BY | | Registration No. 40,014 | Telephone 434-972-9888 |
| Signature: <i>Michael N. Haynes</i> | Name (Print/Type): Michael N. Haynes | (Attorney/Agent) | Date: 17 Dec 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.